

# Summer Food Service Program (SFSP) Sponsor Monitor Site Review Form

*To be completed during the first four weeks of SFSP operation*

Sponsor: \_\_\_\_\_ Date of review: \_\_\_\_\_

Name of site: \_\_\_\_\_ Monitor's arrival time: \_\_\_\_\_

Address: \_\_\_\_\_ Monitor's departure time: \_\_\_\_\_

Phone: \_\_\_\_\_ Check ☒ type of site:

Site supervisor: \_\_\_\_\_ ☐ Open Site ☐ Open Restricted Site

Person contacted at site: \_\_\_\_\_ Title: \_\_\_\_\_ ☐ Closed Enrolled ☐ Camp Site

Types of meal service reviewed: \_\_\_\_\_ Approved time of meal service: \_\_\_\_\_

Approved Average Daily Participation (ADP): \_\_\_\_\_ Attendance on day of visit: \_\_\_\_\_

Number eligible for free or reduced-price meals (*camp only*): \_\_\_\_\_

Day of Visit	Type of Meal			
	Breakfast	Lunch	Supper	Snack
Number of meals prepared (single site self prep):				
Number of meals delivered (off-site prep):				
Number of meals/milk from previous day:				
Times meals delivered (off-site prep):				
Times meals served:				
Number of first meals served to children:				
Number of meals served as seconds to children:				
Number of meals served to program adults:				
Number of meals served to non-program adults:				
Number of meals discarded (dropped, spoiled, incomplete, test meal, etc.) <i>Test meals cannot be claimed for reimbursement, but should be recorded.</i>				
Number of meals leftover:				

**Menu served:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SFSP Sponsor Monitor Site Review Form

SFSP Requirements		
Indicate if the site met the requirements below.	Yes	No
1. Does the staffing pattern correspond to that listed on the approved site sheet?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the site supervisor attended training session?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the site have sufficient food service supervision?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are meals counted/checked before signing delivery receipt?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are accurate meal counts taken of meals served?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are meals served as second meals excessive?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are records of adult meals being kept?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do meals meet approved menu?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do meals meet meal pattern requirements?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are meals checked for quality?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is there proper sanitation/storage?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is the site supervisor following established procedures to make meal order adjustments?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are meals served within approved time frames?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are all meals served and consumed on-site? <i>Indicate if sponsor allows fruits, vegetables, or grains to be taken off-site.</i>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does site have a place to serve children meals in case of inclement weather?	<input type="checkbox"/>	<input type="checkbox"/>
16. Is each meal served as a unit?	<input type="checkbox"/>	<input type="checkbox"/>
17. Is the meal delivery schedule followed?	<input type="checkbox"/>	<input type="checkbox"/>
18. Are there provisions for storing or returning excess meals?	<input type="checkbox"/>	<input type="checkbox"/>
19. Is there documentation of children's income eligibility, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
20. Is the "And Justice for All" poster provided by the sponsor on display in a prominent place?	<input type="checkbox"/>	<input type="checkbox"/>
21. Are meals served to all attending children regardless of the child's race, color, national origin, sex, age or disability?	<input type="checkbox"/>	<input type="checkbox"/>
22. Do all children have equal access to services and facilities at the site regardless of the child's race, color, national origin, sex, age or disability?	<input type="checkbox"/>	<input type="checkbox"/>
23. Is informational material concerning the availability and nutritional benefits of the SFSP available in appropriate languages and translations are accurate?	<input type="checkbox"/>	<input type="checkbox"/>
24. Are there reasonable modifications in policies and procedures to ensure individuals with disabilities have equal access and effective communication when accessing the SFSP?	<input type="checkbox"/>	<input type="checkbox"/>
25. Are there reasonable steps in place to ensure meaningful access to services for limited English proficient persons by providing information in the frequently encountered, non-English languages of individuals eligible to be served or likely to be affected by the SFSP?	<input type="checkbox"/>	<input type="checkbox"/>

## SFSP Sponsor Monitor Site Review Form

### Major Violations

Indicate if the violations below occurred at the site.	Actual Count	Type of Meal
1. Adult meals included in count of meals served to children.	_____	_____
2. Off-site consumption. <i>Do not include fruits, vegetables, or grains if allowed by sponsor.</i>	_____	_____
3. More than one meal served at one time to children.	_____	_____
4. Meal pattern not met ( <i>specify</i> ): _____	_____	_____
5. Meals not served as a unit	_____	_____
6. Meal times not met	_____	_____
7. Other SFSP violations ( <i>specify</i> ): _____	_____	_____

### Check below if these violations occurred at the site. Explain any checked items.

8. <input type="checkbox"/> No records
9. <input type="checkbox"/> Incomplete records
10. <input type="checkbox"/> Poor sanitation
11. <input type="checkbox"/> Other ( <i>please specify</i> )

Corrective action discussed with:      *Name:* \_\_\_\_\_

*Title:* \_\_\_\_\_

Corrective action taken:

## SFSP Sponsor Monitor Site Review Form

Site supervisor's comments:

Further action needed:

I certify that the information above is correct.

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Monitor's signature

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Date

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Site supervisor's signature

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Date

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Signature of Sponsor Representative

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Date Reviewed by Sponsor Representative

## SFSP Sponsor Monitor Site Review Form

### Verification with Office Records

**Site meal counts  
confirmed by  
monitor?**

### 1. Number of meals

Number

**Yes**

No

A. Reported number of **meals** delivered for meal observed:

1

☐

B. Reported number of **first meals** served for day of visit:

9

☐

C. Reported number of **second meals** served for day of visit:

5

☐

D. Reported number of **adult meals** served for day of visit:

5

☐

E. Reported number of **leftover meals** for day of visit:

5

F. Reported number of **discarded meals** for day of visit:

5

☐

2. Comments:

3. Corrective action taken, if needed:

Signature of Sponsor Representative

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Date

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Title

# SFSP Sponsor Monitor Site Review Form



For information on the SFSP, visit the CSDE's [SFSP](#) webpage or contact the [Summer Meals](#) staff in the CSDE's Bureau of Health/Nutrition, Family Services and Adult Education, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841.

This document is available at [https://portal.ct.gov/-/media/SDE/Nutrition/SFSP/Monitor\\_Site\\_Review\\_Form\\_SFSP.pdf](https://portal.ct.gov/-/media/SDE/Nutrition/SFSP/Monitor_Site_Review_Form_SFSP.pdf).

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [How to File a Complaint](#), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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